

Pharmacy NewsCapsule

Division of Disability and Elder Services/Bureau of Quality Assurance(BQA) Oct/Nov/Dec 2004

Electronic Orders

By Doug Englebert, Pharmacy Practice Consultant

The use of electronic medical records and electronic orders is starting to make its presence felt in our healthcare and community care settings across Wisconsin. This article explores some of the challenges and considerations surveyors face with electronic records and orders, especially since record review is part of the survey process.

When surveying a facility, surveyors must determine if the facility uses electronic medical records, including medication administration records. The surveyor then needs to work together with the facility to determine how surveyors can access the system while still adhering to the facility's system security requirements. Another issue that may arise is adequate computer stations for surveyors to use for record review. This may include a facility limiting the number of stations and/or limiting the times when a surveyor may use the stations. Also, as we all know, every computer and system seems to be different, causing issues with use and deciphering the meaning of specific computer screen fields, meaning of facility abbreviations, special codes, etc. In order to understand what they are reading, surveyors will need to have access to information on facility abbreviations, code identifiers and screen fields. Surveyors can overcome these concerns and issues by advanced planning, using the computers to access records during off or non-peak times and asking facility staff for informational material to interpret the system entries.

Surveyors need to continue to learn ways to work with electronic records systems. This includes investigating and identifying systems problems that could cause negative outcomes or harm to patients or residents. With advancements in technology, staff in facilities sometimes become too reliant on the system to make determinations. Sometimes the thought is that with

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Plavix and Aspirin

A recent study has raised questions about the combination of Plavix and aspirin to prevent recurrent stroke. The study indicated that the combination of Plavix and aspirin was no more effective than Plavix alone. In addition, the combination had more adverse effects. The study did not address if aspirin was found to be just as effective as Plavix. Surveyors may start to see changes in these medication combinations due to this study. The combination may still be used for individuals with unstable angina and those with stents. For residents and patients that remain on the combination, attention to side effects should be monitored by the facility.

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New Drugs

By Doug Englebert, R.Ph.

| Brand Name | Generic Name | Use |
|--------------|-----------------------|---|
| Campral | Acamprosate | Treatment for alcohol dependency |
| Cymbalta | Duloxetine | See Focus Drug |
| Palladone | Hydromorphone | Extended release medication for pain |
| Vytorin | Ezetimibe/simvastatin | For high cholesterol |
| Zegerid | Omeprazole | Powder for oral suspension to treat acid reflux |
| | | |
| VIOXX | Rofecoxib | Recalled, no longer available. |
| | | |

Medication Errors

Doug Englebert Pharmacy Practice Consultant PRQI

Automated Dispensing Machines

Is the automated medication dispensing machine (e.g., pyxis) being used as just a glorified stock cabinet? Sometimes they are and sometimes they are not. Some of the machines are set up with many security and safety features to ensure that patients receive the correct medication. Examples include setting the machine so that a drug may only be accessed by a specific staff person with a verified order; only allowing a specific drug to be dispensed by that machine; or using bar coding to make sure the right medication is placed in the right area of the machine.

If properly used, these machines can prevent medication errors.

Focus Drug of the Month

By Doug Englebert, R.Ph.

Cymbalta, duloxetine

Cymbalta (duloxetine) has been approved for use in major depressive disorder (MDD) and diabetic peripheral neuropathy. Typically, Cymbalta is given in a dose of 20 mg or 30 mg twice a day for a total dose of 40 mg or 60 mg per day when used for depression. For diabetic neuropathy, the dose will be 60 mg once a day.

This medication has an effect on both serotonin and norepinephrine. Therefore, it is similar to Effexor and will be used like Effexor.

Cymbalta can be given with or without food. This medication has the potential for drug interactions. Monoamine Oxidase Inhibitors (MAOIs) like Nardil and Parnate should not be used at the same time as Cymbalta. If patients will be switching from Cymbalta to a MAOI or vice versa, a pharmacist should be consulted for specific recommendations on how soon they can be switched to the new medication.

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technology there never can be an error. This could lead to subsequent errors that may negatively affect the resident/patient.

Surveyors should also look at other electronic system issues like security and down time. For instance, determine who has access to the system; how is that controlled and monitored; or what backups are in place when the system goes down. For example, if an electronic medication administration record is not available because the computer is down, how does staff know what medications were given and what medications are needed?

Electronic records and orders can have the same problems that are found with paper charts and orders. For example, the same error-prone abbreviations could be used. A specific illustration is the use of the letter “u” for units. Put the letter “u” after the number “10” and it could be misread as 100 no matter if it is written or typed electronically. This necessitates the need for surveyors to look for these types of error-prone entries in electronic records and orders, just as they do with paper records.

Another big question that comes up is signatures for an electronic record. What constitutes a signature? For medication orders or prescriptions, pharmacists can accept electronic orders, but the orders must meet specific criteria. One of those criteria is a practitioner’s electronic signature or secure validation. Surveyors need to determine if physicians’ electronic signatures are secure. In other words, who has access and authority to electronically apply that signature? Is the physician aware of this access and does the physician approve of the person authorized to “sign” his or her name electronically?

Electronic orders and medical records will continue to proliferate. This electronic format can bring great efficiency – its effectiveness depends on the design and the safeguards facilities build into the system. A glorified paper chart may bring efficiency but may still be ineffective from a safety perspective.

In addition to MAOIs, some antibiotic medications may interact with Cymbalta, as well.

Cymbalta was studied in over 2,000 people, but only approximately 5 percent of those individuals were over 65 years old. Due to this fact, there is still much to learn about the effects of Cymbalta in the elderly.

Surveyors may see this medication used in lower doses for older patients. Facilities should diligently monitor the drug for side effects like nausea, dry mouth, constipation, fatigue, decreased appetite, somnolence, and increased sweating. It may take a week or longer to see effects of this medication. If it is being used for pain, surveyors should see monitoring for positive pain management outcomes. If the drug is ineffective, surveyors should see changes or discontinuance of the medication.

If there are medications you would like featured in this column, please send an email to Doug at **engleda@dhfs.state.wi.us**

This section will appear in each issue and will contain information that will answer your questions. If there is a topic about which you want more detailed information, please drop me an email at engleda@dhfs.state.wi.us and I'll research the topic.

1. Is situational use of Haldol (haloperidol) appropriate?

Situational use in this question is specific to using Haldol in order to make sure a bath is going to occur without incident or making sure dialysis is going to occur without incident. Basically in these situations Haldol is ordered as scheduled prior to the bath or dialysis.

The first comment I have is that any medication, especially antipsychotics and benzodiazepines, used in this way should be investigated by the surveyor. These medications are mainly being used as a sedative to allow staff to handle the patient during the event. Surveyors must look at situational use and make sure the medication is not being used to punish the patient or for the convenience of facility staff. In most cases, behavior interventions should be attempted first and the use of the sedative type medication should be a last option. However, sometimes staff skip the interventions and go to the medication due to lack of time. When this occurs, the situation can potentially be cited for inappropriate use. When it does not appear that the medication was used for punishment or staff convenience, then nursing home surveyors can look at the initiation of the antipsychotic and/or benzodiazepine with appropriate indications. If the person who received the medication does not have a psychiatric indication, the use can be considered inappropriate and cited. Another example of inappropriate usage would be giving a resident Haldol 5 mg one hour before dialysis and then placing him/her in a van to go to the hospital for dialysis without providing the resident support for somnolence. This situation may lead to a negative outcome such as a fall or worse. If a resident or patient has dementia, surveyors need to ask if the behavior, agitation, etc. is persistent, harmful to the person and is not caused by some environmental, social or medical reason that can be treated by other means. When the behavior is persistent, harmful and not caused by other reasons, the situational use can be incorporated into a care plan. The lowest effective dose should be used for the shortest time frame and monitored extensively. Situational use due to persistent behavior is rarely appropriate.

2. What should the expiration date be for opened oral liquid bulk bottles?

Oral liquids in large bottles can typically be used until the stamped expiration date on the bottle. In some cases, the medications are made up by the pharmacy and will have a shorter expiration date. Some manufacturer products will also carry shorter expiration dates once opened. A surveyor must obtain information from the manufacturer or the facility to determine if the oral liquid in question is still within the time frame to be used.

3. Is the requirement to wait between puffs of an inhaler always one minute?

During a nursing home medication pass observation, not waiting appropriately between puffs of an inhaler may be counted as a medication error. The general rule used is one minute. When one minute is not observed, surveyors will ask the facility and other sources about its appropriateness. For example, some inhalers actually provide instructions to consumers that remind them to wait 30 seconds between puffs. In this case, the surveyors should not count that as a medication error. Remember: the guideline is one minute and will be appropriate for most inhalers, but there will be exceptions that the surveyor must consider.

References are available upon request.